

# Foster Family Home - Corrective Action Report

Provider ID: 2-130010

Home Name: Ronald Camper, CNA

177 East Kinai Place

Hilo HI 96720

Review ID: 2-130010-5

Reviewer: Carol Copeland

Begin Date: 3/21/19 CC  
3/24/2019

## Foster Family Home Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) Home inspection performed to recertify three client home. Home not in compliance on day of inspection. Corrective action report issued with plan of correction due to CTA by 4/21/19.

## Foster Family Home Background Checks

[11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

8.(a)(1) The last eCrim was completed on 4/25/16 for CG #1 and on 1/29/17 for CG #2.

## Foster Family Home Personnel and Staffing

[11-800-41]

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(8) No current CPR or First aid in home binder for CG #2.

Carol Copeland RN, MSW  
Compliance Manager

Ronald Camper  
Primary Care Giver

3/21/19  
Date

3/21/19  
Date

**Community Care Foster Family Home (CCFFH)  
Written Plan of Correction for Deficiencies  
Listed in Corrective Action Report  
Chapter 17-1454**

CCFFH Name: RONALD CAMPER  
CCFFH Address: 177 E. Kinai Pl., Hilo, HI 96720

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8.(a)(1)	ECrim obtain for Caregiver 1 & 2 A copy was placed in my home binder.	3/29/19	Place notes to remind me to keep update on ECRin, needed documents. ✓ monthly.
41.(b)(8)	CPR and First Aid was completed for Caregiver #2 and placed in my binder.	3/29/19	I have put this information on my cell phone as a reminder and will check it monthly.

Primary Caregiver's Signature: \_\_\_\_\_

Print Name: Ronald Camper

Date of Signature: 4/02/19